

HAWAII STATE ETHICS COMMISSION

DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle) HARAGA, RODNEY KIICHI	STATE POSITION HELD: (Dept/Div or Board/Commission) Transportation TERM OF OFFICE (Begin/End): 1/14/03 / 12/4/06
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FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.
 USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	State of Hawaii 869 Punchbowl Street, Honolulu, HI 96813	E	Director
F	City of Los Angeles 200 N. Spring Street, Los Angeles, CA 90012	E	Retired
SP	State of Hawaii 201 Merchant Street, Honolulu, HI 96813	D	Retired
SP	Rental Property 46-283 Kahuhipa Street, Kaneohe, HI 96744	C	Rental Property

☐ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP,DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
	None			

☒ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
	None	

☒ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 4: CREDITORS

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	Bank of Hawaii P.O. Box 380034, Honolulu, HI 96838	G	G

☐ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
	See attached			

☐ Check here if entry is None ☐ Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
JT	94-554 Ahaula Street, Mililani, HI 96789	9-4-141-078	H
SP	46-283 Kahuhipa Street, #C102, Kaneohe, HI 96744	4-6-031-019-0033	G

☐ Check here if entry is None

☐ Check here if additional sheets are attached
ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
	N/A		

☒ Check here if entry is None

☐ Check here if additional sheets are attached
ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
	N/A		

☒ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
N/A	

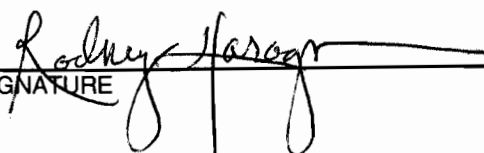
☒ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES**

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
	N/A		STATE OF HAWAII STATE ETHICS COMMISSION 06 JUN -2 A9:03	

☒ Check here if entry is None☐ Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.


SIGNATURE

MAY 30 2006

DATE

<u>BOARDS & COMMISSION</u>	<u>TERM</u>	<u>ANNUAL COMPENSATION</u>
Aloha Tower Development Corporation 600 Fort Street Pier 10 Terminal, Second Floor Honolulu, HI 96813 Ph. (808) 586-2530	2003-2006	None
American Association of State Highway and Transportation Officials (AASHTO) 444 North Capitol Street, NW, Suite 249 Washington, D.C. 20001 Ph. (202) 624-5800	2003-2006	None
American Public Works Association Hawaii Chapter c/o Hawaiian Electric Company Project Management Division P.O. Box 2750 Honolulu, HI 96840-0001 Ph. (808) 543-7245	2000-Current	None
Board of Water Supply City and County of Honolulu 630 South Beretania Street Ph. (808) 748-5064	2003-2006	None
Executive Office on Aging (Ex-Officio Board Member for Policy Advisory Board for Elder Affairs) No. 1 Capitol District 250 South Hotel Street, Rm. 406 Honolulu, HI 96813-2831 Ph. (808) 586-0100	2003-2006	None
Governor's Highway Safety Council (Chair) c/o State of Hawaii, Department of Transportation 869 Punchbowl Street, Room 509 Honolulu, HI 96813 Ph. (808) 587-2150	2003-2006	None
Hawaii Community Development Authority 677 Ala Moana Boulevard, Suite 1001 Honolulu, HI 96813 Ph. (808) 587-2870	2003-2006	None

<u>BOARDS & COMMISSION</u>	<u>TERM</u>	<u>ANNUAL COMPENSATION</u>
Hawaii Tourism Authority Hawaii Convention Center 1801 Kalakaua Avenue Honolulu, HI 96815 Ph. (808) 973-2255	2003-2006	None
Oahu Metropolitan Planning Organization Ocean View Center, Suite 200 707 Richards Street Honolulu, HI 96813-4623 Ph. (808) 587-2015	2003-2006	None
Western Association of State Highway and Transportation Officials (WASHTO) 608 E. Boulevard Avenue Bismarck, ND 58505-0700 Ph. (701) 328-2581	2003-2006	None